

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
61675950

APPLICANT(S)

FILING DATE  
9/29/02

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14	2						64			
15	2						65			
16	2						66			
17	2						67			
18	2						68			
19	2						69			
20	2						70			
21	2						71			
22	2						72			
23	2						73			
24	2						74			
25	1						75			
26	1						76			
27	1						77			
28	①						78			
29	①						79			
30	①						80			
31	①				5		81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3							
TOTAL DEP.	56	↔	33	↔						
TOTAL CLAIMS	42	25								